

***DAIL Advisory Board
Comfort Inn, Berlin
May 8, 2014***

Attendees:

Board Members: Janet Cramer, Jim Coutts, Linda Berger, Peter Cobb, John Pierce, Gini Milkey, Steve Pouliot, Diane Novak, Bill Ashe

Guests: Jane Osgatharp, Kirsten Murphy, Jackie Majoros, Marlys Waller, Philip Fiermonte, Karin Hammer, Marilyn Mahuskey, Wendy Trafton, Cheryl Cumings

State Employees: June Bascom, Bard Hill, Lora Nielsen, Marie Bean, Janet Merrill, Camille George, Stuart Schurr, Susan Wehry, Lisa Parro, Karen Schwartz

Board updates

Vermont Association for the Blind and Visually Impaired (VABVI) held a technology fair in which eighty five clients attended. VABVI is looking at ways of using new applications for iPhones and iPads in providing services.

60 Minutes had a good segment on Alzheimer's and Dementia.

Last week, Gini attended a meeting about hospital bills not being covered by Medicare when the hospital considers the stay to be an outpatient stay under observation rather than an inpatient stay. VT Legal Aid is pushing Vermont to pass a law that would require the hospital to inform the individual of this.

The first of June, St. Michaels Episcopal Church in Brattleboro will have a forum on Alzheimer's disease and early identification.

Commissioner Wehry's Updates

The Full Circle Festival in Burlington was a success. The Festival blended narratives about healthy aging, disease challenges, and unsuccessful parts of aging with exceptional optimism, and the discussions were multi-generational. Discussions are taking place about holding the festival again next year at the end of April (25th, 26th and 27th) with possibly other locations as well.

Legislative

All of the legislative bills in which DAIL had interest, passed.

H.728 An Act Relating to Developmental Services' System of Care – This summer, DS will be working on making the system of care plan into rule making.

H.555 An Act Relating to the Commitment of a Criminal Defendant Who is Incompetent to Stand Trial Because of a Traumatic Brain Injury – If a determination is made that a person is not accountable of the crime due to their brain injury, they are to receive services. This bill will require a study with three updates throughout the year; and data collection by DAIL and by the Department of Mental Health. Creating and designing the plan will go back to the Legislature in 2015, and if it is approved it will be added to the 2017 budget.

Work is still being done on the DAIL budget. The formal confirmation about the union ratification has not yet been received. The administration has presented a package that includes 2.2 million dollars for the increase in wages for direct care workers, with part of the package using presumptive savings from Choices for Care. This is the last decision to be made before the budget is finalized.

S.293 An Act Relating to Reporting on Population-Level Outcomes and Indicators and on Program-Level Performance Measures – Senator Snelling was active on this bill in terms of budget planning and program performance. It will answer the questions of what we are doing, how well we are doing it, and as a result, are people better off.

Personnel updates

- A new Adult Protective Services (APS) Chief has been hired and started work on Monday. His name is John Bouthillette.
- Heather Allin, who has worked with DAIL in the past, has returned as a supervisor in the Office of Public Guardian.
- Mary Bolton, who is a nurse with strong survey and certification skills in hospital certification, is returning to Survey and Certification in the Division of Licensing and Protection.
- Melissa Bailey, Agency of Human Service, IFS, is leaving at the end of the month. IFS will continue, and recruitment will take place to fill Melissa's position.
- Mary Woodruff, a member of the older Americans team, and a nutritionist, is transferring to the Department of Vermont Health Access. It is hoped that we will still be able to tap into her expertise and her blueprint ties.

Health reform updates

The Healthcare Innovation Project is very good about updating their website with the latest information. http://healthcareinnovation.vermont.gov/VHCIP_Grant_Program

Susan Besio created a helpful document that has information about ACOs and frequently asked questions. She is in the process of updating this document, and the updated version can be sent to the Board. It may also be posted on the website.

The feedback from the Board about having more conversations with people and at different times of the day was passed onto the Healthcare Innovation Project, and this input will be used in the educational efforts this summer.

Announcements

Commissioner Wehry will not be here next month; however, she will send updates via Stuart.

For Public Service Recognition week, that included a celebration today, the Developmental Disabilities Services Division team that worked on the Brandon Training School remembrance was selected to be recognized.

Thank you for extending today's meeting for input on the State Plan on Aging and the DS System of Care Plan.

Phil Fiermonte, Bernie Sanders Office

Senator Sanders is the Chair of the Subcommittee on Primary Health and Aging. The subcommittee has worked hard to expand service and clean up some of the language in the Older Americans Act to make it current and updated with inflation; however, with this came increased funding, and it has not moved in Congress. It also cut funding in some of the other states, which Senator Sanders did not want. Senator Sanders' office would appreciate any input from the Board and will let the Board know if anything changes.

State Plan on Aging – Public Hearing and discussion

See the State Plan on Aging

Board Updates

The Board would like periodic updates from the LTC Ombudsman program perspective on items such as long term care, Money Follows the Person, and experiences with people not in nursing homes/Choices for Care. Jackie does an annual report on the number of complaints. Last year there were about 97 complaints. In June, Jackie can present this information to the Board to include the type of complaints, the number of repeated complaints, and the number of complaints that were verified.

The Board Meeting Minutes for April were approved as amended.

Page 1 – Next to last paragraph:

Gini felt **some of** the information...

...tips about transportation **or other issues** that could be used...

Page 2 – Paragraph 6:

~~COVE~~ The “Oral Health For All” Coalition...

The Vermont Assembly of Home Health Agencies (VAHHA) has changed its name to VNA's of VT.

Bard is looking forward to resurrecting and producing a revised Shaping the Future report. The last Shaping the Future report was produced in 2008 by Julie Wasserman during the era of Challenges for Change.

University of Massachusetts Medical School (UMMS): Annual CFC Independent Evaluation Report and Proposed Topic for the Next Policy Brief – Wendy Trafton and Cheryl Cumings (See PowerPoint)

The evaluation report can be found at:

[www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-report-yrs-1-8/view?searchterm=Evaluation of Years 1-8](http://www.ddas.vermont.gov/ddas-publications/publications-cfc/evaluation-reports-consumer-surveys/cfc-evaluation-report-yrs-1-8/view?searchterm=Evaluation%20of%20Years%201-8)

- The benchmarks are on percentages as many other programs do not have the same data, so the individual programs are benchmarked with other programs, and within programs over the years.
- Sample sizes aren't always the same.
- The Board recommended that the question about getting the services in the place you want them be looked at for next year, as they found it confusing, which means the person answering the question is probably confused as well.
- Members of the Board felt that the question ...the homemaker services are provided to me where and when I want them... needed to be broken into multiple questions as there are two issues being addressed.
- Developmental Services does not allow proxy. A discussion is necessary to determine what is better - not including people who are unable to respond themselves or having other people respond for people. This will be an important discussion in health care innovation.
- The Adult Services Division has drafted a proposed allocation formula, along with flexible service options.
- The Money Follows the Person program often has more complex cases with challenging transitions, and is found to be different in Vermont than some of the other states. MFP has done about 90 transitions. An analysis of how this impacts the Choices for Care program is not yet available.
- Jackie suggested looking at the people in a nursing home who cannot find enough supports in the community to transition out which will also indicate holes/barriers in the system; and those individuals who were on Choices for Care and went into a hospital but are not able to get back on the program.
- It will be important for DAIL to include on its website an easy understanding about ADRC partners with their contact information.
- In the Fall of 2014, the information about individuals who are on the Choices for Care program who transfer from a nursing home to the community and then return to the nursing home will be explored, as well as the improvement of assistive technology to supplement and support staff.
- Knowing the categories of the respondents to the survey would be helpful, and knowing the responses based on the category/groups would be helpful.
- Accountable Care Organizations (ACOs) are developing and will have some impact on where people will be going.

The Board was requested to give feedback about how to address the needs of elder prisoners who are released from incarceration.

There is a lot of guidance from HCBS about person-centered planning. Vermont has not yet received any notice as to whether the new HCBS rule will apply to the 1115 waiver; however, notification should be received soon. Even if the rule does not apply to the waiver, there are still some elements of the rule that Vermont will want to apply.

UMMS will continue to work with DAIL and align survey questions.

Developmental Services System of Care Plan – Camille George

This is the first of three public meetings to obtain comments on the DS System of Care Plan. It is a time to take questions and comments; however responses will not be given at this time. The input from these meetings is taken seriously, and people are encouraged to give their comments.

A handout was given that summarized the highlights of the changes to the new DS System of Care Plan.

The following comments were made during the Public Hearing section of the DAIL Advisory Board. There were very few formal comments and the meeting was more of a general discussion and question and answer period.

- An alternative term other than “public safety” should be used for “high needs individuals”. Need to find more friendly language. Clarification was made that the term is used when describing people who are a possible risk to the safety of the public, which is a different group of people than “high needs individuals” in the Choices for Care program.
- If an estimated 30% of the potential people eligible for developmental disabilities services are currently served, who are the other 70%? It was explained that generally the “70%” are people who either do not want or need services at this time.
- If people are deemed eligible for services, what percent is being served? Is there a waiting list for those who are eligible for services? The three levels of eligibility were described (clinical, financial, funding priority). There is a waiting list for people who meet clinical eligibility but who do not currently meet a funding priority. There are no people waiting for services who meet a funding priority. It was noted that funding priorities have narrowed over time.
- Is there still money targeted to people new to services? There are new caseload dollars allocated by the legislature for new applicants as well as those currently receiving services who have a new need or increase in need.
- Do people ever leave services? Around 75 – 100 people go off services yearly; usually because they become deceased or no longer eligible, moved out of state, received alternative supports/funding, or indicated they no longer want or need services.
- Concern was expressed about the gap in services as people become adults and the intersection of special education and adult services. There was a discussion about the DDS funding priorities and the transition of young adults from high school.

- Questions were asked about early childhood and pre-education supports. This type and level of service is generally between the public schools and Children Integrated Services (CIS) at AHS and includes Children with Special Health Needs (CSHN) at Vermont Department of Health (VDH), Agency of Education (AOE) and State Interagency Teams (SIT).
- There was some discussion on the federal rule changes: 1) Department of Labor concerning companionship services and minimum wage/overtime, and 2) Center for Medicare and Medicaid Services (CMS) concerning home and community-based services.
- There was a concern about the lack of mention of children's services in the plan. DDS no longer administers Children Personal Care Services or High Tech Services for children.

Integrated Family Services (IFS) happens when a person is very young and in need of services. Even though this is an Agency of Human Services (AHS) initiative, the key partner is the Department of Education (DOE). The AHS integration team, partners, and liaison with the school assess the strengths and needs.

The Board may want Jennie Masterson to talk with the Board about where regular education ends and adult services begin. DAIL, Department of Labor (DOL), and Vocational Rehabilitation (VR) are working together to improve the transition. Linda Berger, Board member, is a Special Education Director and may have some information as well as John Spinney, Department of Education. The Board may also be interested in having some people involved in the post-secondary experience come speak about their experience. The DD Council helped to coordinate speakers who talked about agency supports, and was a good example of what the system could do.

The DOL rule was adopted last October and will take effect on January 1, 2015. DAIL is on a workgroup that is sorting out what this means for Vermont. Vermont was visited by the Government Accountability Office (GAO) who was concerned about how the new DOL rule could possibly impact the states. The GAO staff met with close to 20 people that included employers, direct care workers, HHA, AAAs, DMH, VDH, DCF, DAIL, and an SSA.